PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| DECLARATION FOR UTILITY OR DESIGN                                                              | Attorney Docket Number US020626  First Named Inventor Miroslav Trajkovic et al |   |  |  |  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---|--|--|--|
| PATENT APPLICATION                                                                             | COMPLETE IF KNOWN                                                              |   |  |  |  |
| (37 CFR 1.63)                                                                                  | Application Number                                                             | / |  |  |  |
| ☑Declaration Submitted OR Submitted after Initial With Initial Filing Filing (37 CFR 1.16 (e)) | Filing Date                                                                    |   |  |  |  |
|                                                                                                | Group Art Unit                                                                 |   |  |  |  |
| required)                                                                                      | Examiner Name                                                                  |   |  |  |  |
|                                                                                                |                                                                                |   |  |  |  |

| As a below named in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ventor, I hereby declare th                                                                                                                                                                                                                                            | nat:                                        |                                              |                                        |                    |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|----------------------------------------|--------------------|--|--|--|
| My residence, post offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | My residence, post office address, and citizenship are as stated below next to my name.                                                                                                                                                                                |                                             |                                              |                                        |                    |  |  |  |
| I believe I am the original, are listed below) of the sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: |                                             |                                              |                                        |                    |  |  |  |
| LIGHT INVARIANT FACE RECOGNITION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                        |                                             |                                              |                                        |                    |  |  |  |
| the specification of which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Title of ti                                                                                                                                                                                                                                                           | he Invention)                               |                                              |                                        |                    |  |  |  |
| is attached hereto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·       |                                              |                                        |                    |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                        |                                             |                                              |                                        |                    |  |  |  |
| ☐ was filed on (MM/DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D/YYYY)                                                                                                                                                                                                                                                                | as United States Ap                         | oplication Number o                          | or PCT Internationa                    | 1                  |  |  |  |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and                                                                                                                                                                                                                                                                    | <br>was amended on (MM/DD/Y                 | YYY)                                         | (if                                    | applicable).       |  |  |  |
| I hereby state that I have review specifically referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ewed and understand the conte                                                                                                                                                                                                                                          | ents of the above identified sp             | ecification, including                       |                                        |                    |  |  |  |
| applications, material intomia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | close information which is mate<br>tion which became available be<br>continuation-in-part application                                                                                                                                                                  | PIWAAN THA HILIDA ASTA OF THO O             | l in 37 CFR 1.56, in<br>rior application and | cluding for continuithe national or PC | ation-in-part<br>Г |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. |                                                                                                                                                                                                                                                                        |                                             |                                              |                                        |                    |  |  |  |
| Prior Foreign Application<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country                                                                                                                                                                                                                                                                | Foreign Filing Date<br>(MM/DD/YYYY) Country | Priority<br>Not Claimed                      | Certified Copy                         | Attached?          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                        | (Minuber 1117) Country                      | Not Claimed                                  | YES                                    | NO                 |  |  |  |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |                                             |                                              |                                        |                    |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                        |                                             |                                              |                                        |                    |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                        |                                             |                                              |                                        |                    |  |  |  |

[Page 1 of 2]

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# **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to: Customer Num<br>or Bar Code La                                | iber<br>ibel                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *24737*     | •                 | OR         |         | Correspondance address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Philips Intellectual Property & Standards                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   |            | ·       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   | _          | •       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| P.O. Box 3001                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   |            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Briarcliff Manor                                                                            | NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |            | 10510-8 | 3001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| U.S.A.                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (914)33     | 2-0222            |            | (914    | 4) 332-0615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Country                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Teleph      |                   |            | Fax     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| believed to be true; and further that these statements were                                 | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |             |                   |            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NAME OF SOLE OR FIRST INVENTOR:                                                             | NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor                                                                                                                                                                                                                                                                                                                                                                                     |             |                   |            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Given Name MIROSLAV Family Name TRAJKOVIC (first and middle [if any]) Family Name TRAJKOVIC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   |            | /IC     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Inventor's Mapornal Majest                                                                  | lot                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                   | Date       | 121.    | 30/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| STOLBERG                                                                                    | NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | USA               |            | Y       | YU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Residence: City                                                                             | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | Count             | try        |         | Citizenship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5105 TOWNEHOUSE DRIVE                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   |            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Mailing Address                                                                             | Ţ                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                   |            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CORAM                                                                                       | NEW YOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ≀κ '        | 11727             | ,          | U       | JSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| NAME OF SECOND INVENTOR: A                                                                  | petition has l                                                                                                                                                                                                                                                                                                                                                                                                                                                            | been file   | d for th          | is unsig   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Given Name SRINIVAS (first and middle [if any])                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | ily Nam<br>urname |            | TA      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Inventor's<br>Signature                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   | Date       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| EINDHOVEN                                                                                   | T .                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | NL                |            | IN      | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| PENELOPE STRAAT 227                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   | <u></u>    |         | , and the same of |
| Mailing Address                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                   |            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| EINDHOVEN                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | 5631              |            | NE      | ETHERLANDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| City                                                                                        | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1           | Zip               |            |         | ountry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Additional inventors are being named on the                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | al Addition |                   | or(s) shee |         | D/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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## US020626 **DECLARATION**

### **ADDITIONAL INVENTOR(S) Supplemental Sheet** Page <u>1</u> of <u>1</u>

| Name of Additional Joint Inventor, if any: | ☐ A petition has been filed for this unsigned inventor |     |                           |                        |                            |  |
|--------------------------------------------|--------------------------------------------------------|-----|---------------------------|------------------------|----------------------------|--|
|                                            | <u> </u>                                               |     | A petition has been       | filea                  | for this unsigned inventor |  |
| Given Name (first and middl                | le [if any])                                           | 4   | Fa                        | Family Name or Surname |                            |  |
| VASANTH                                    |                                                        | F   | PHILOMIN                  |                        |                            |  |
| Inventor's<br>Signature                    |                                                        |     |                           | Date                   |                            |  |
| Residence: City STOLBERG                   | State                                                  | Co  | GERMANY                   |                        | IN<br>Citizenship          |  |
| Mailing Address AUF DER HOEHE              | 9                                                      |     |                           |                        |                            |  |
| Mailing Address                            |                                                        |     |                           |                        |                            |  |
| City STOLBERG                              | State                                                  | ZIP | 52223                     | Co                     | GERMANY                    |  |
| Name of Additional Joint Inventor, if any: |                                                        |     | A petition has been filed |                        |                            |  |
| Given Name (first and middle               | e [if any])                                            | I   | Fa                        | Family Name or Surname |                            |  |
|                                            |                                                        | 丄   |                           |                        |                            |  |
| Inventor's<br>Signature                    |                                                        |     |                           |                        | Date                       |  |
| Residence: City                            | State                                                  | Cor | ıntry                     |                        | Citizenship                |  |
| Mailing Address                            |                                                        |     |                           |                        | Ottzerianip                |  |
| Mailing Address                            |                                                        |     |                           |                        | <u> </u>                   |  |
| City                                       | State                                                  | Zip |                           | Co                     | untry                      |  |
| Name of Additional Joint Inventor, if any: |                                                        |     | A petition has been filed |                        |                            |  |
| Given Name (first and middle               | e [if any])                                            |     | · Fa                      | Family Name or Surname |                            |  |
|                                            |                                                        |     |                           |                        |                            |  |
| Inventor's<br>Signature                    |                                                        |     |                           |                        | Date                       |  |
| Residence: City                            | State Country                                          |     |                           | Citizenship            |                            |  |
| Mailing Address                            |                                                        |     |                           |                        | Cuzensmp                   |  |
| Mailing Address                            |                                                        |     |                           |                        |                            |  |
| City                                       | State                                                  |     | Zip                       | Co                     | puntry                     |  |

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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION |                                        | Attorney Docket Number First Named Inventor | US020626  Miroslav Trajkovic et al |   |
|------------------------------------------------------|----------------------------------------|---------------------------------------------|------------------------------------|---|
|                                                      |                                        | COMPLETE IF KNOWN                           |                                    |   |
| (                                                    | 37 C                                   | FR 1.63)                                    | Application Number                 | / |
| Submitted OR Submitted With Initial Filing (s        | ☐Declaration Submitted after Initial   | Filing Date                                 |                                    |   |
|                                                      | Filing (surcharge<br>(37 CFR 1.16 (e)) | Group Art Unit                              |                                    |   |
| 3 (3.                                                |                                        | required)                                   | Examiner Name                      |   |
|                                                      |                                        |                                             |                                    |   |

| As a below named inventor, I hereby declare the                                                                                                                                                                                                                        | h - A -                           |                       |                      |                |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|----------------------|----------------|--|--|--|
| As a below hamed inventor, I hereby declare that:                                                                                                                                                                                                                      |                                   |                       |                      |                |  |  |  |
| My residence, post office address, and citizenship are as stated below next to my name.                                                                                                                                                                                |                                   |                       |                      |                |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: |                                   |                       |                      |                |  |  |  |
| LIGHT INVARIANT FACE RECOGNIT                                                                                                                                                                                                                                          | ION                               | it on the invention e | entitled:            |                |  |  |  |
| 1                                                                                                                                                                                                                                                                      | 1014                              |                       |                      |                |  |  |  |
|                                                                                                                                                                                                                                                                        |                                   |                       |                      |                |  |  |  |
|                                                                                                                                                                                                                                                                        |                                   |                       |                      |                |  |  |  |
| the specification of which                                                                                                                                                                                                                                             |                                   |                       |                      |                |  |  |  |
| the specification of which (Title of to                                                                                                                                                                                                                                | he Invention)                     |                       |                      |                |  |  |  |
| OR                                                                                                                                                                                                                                                                     |                                   |                       |                      |                |  |  |  |
| was filed on (MM/DD/YYYY)                                                                                                                                                                                                                                              | as United States Ap               | nolication Number o   | or PCT Internations  | .ı             |  |  |  |
| Application Number and                                                                                                                                                                                                                                                 |                                   |                       |                      | 11             |  |  |  |
|                                                                                                                                                                                                                                                                        | I was amended on (MM/DD/Y         |                       |                      | f applicable). |  |  |  |
| I hereby state that I have reviewed and understand the contespecifically referred to above.                                                                                                                                                                            | ents of the above identified sp   | ecification, includin | ng the claims as an  | nended         |  |  |  |
| I acknowledge the duty to disclose information which is mate                                                                                                                                                                                                           | erial to patentability as defined | I in 37 CFR 1.56, ir  | cluding for continu  | ation-in-part  |  |  |  |
| applications, material information which became available be international filing date of the continuation-in-part application                                                                                                                                         | Piween the tiling date of the or  | rior application and  | the national or PC   | T              |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a                                                                                                                                                                                                         | a)-(d) or (f), or 365(b) of any f | oreign application(s  | s) for patent, inven | tor's or plant |  |  |  |
| States of America, listed below and have also identified below                                                                                                                                                                                                         | iional application which desig    | nated at least one    | country other tha    | n the United   |  |  |  |
| breeder's rights certificate(s), or of any PCT international arclaimed.                                                                                                                                                                                                | oplication having a filing date   | before that of the    | application on whi   | ch priority is |  |  |  |
| Prior Foreign Application                                                                                                                                                                                                                                              | Foreign Filing Date               | Priority              | Certified Copy       | Attached?      |  |  |  |
| Number(s) Country                                                                                                                                                                                                                                                      | (MM/DD/YYYY) Country              | Not Claimed           | YES                  | NO             |  |  |  |
|                                                                                                                                                                                                                                                                        |                                   |                       |                      |                |  |  |  |
|                                                                                                                                                                                                                                                                        |                                   |                       |                      |                |  |  |  |
|                                                                                                                                                                                                                                                                        |                                   |                       |                      |                |  |  |  |
|                                                                                                                                                                                                                                                                        |                                   |                       |                      |                |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:                                                                                                                                                    |                                   |                       |                      |                |  |  |  |

[Page 1 of 2]

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# **DECLARATION** — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | o: Customer Number or Bar Code Label |                | 737* OR            |          | R                   | Correspondance address below          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|--------------------|----------|---------------------|---------------------------------------|
| Philips Intellectual Property & Standards                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                |                    |          |                     |                                       |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                |                    |          |                     |                                       |
| P.O. Box 3001                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                |                    |          |                     |                                       |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                |                    |          |                     |                                       |
| Briarcliff Manor                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NY                                   |                |                    |          | 1051                | 10-8001                               |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                | T              |                    |          | ZIP                 |                                       |
| U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | (914)33        | 2-0222             |          |                     | (914) 332-0615                        |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | Teleph         |                    |          |                     | Fax                                   |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                      |                |                    |          |                     |                                       |
| NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                |                    |          | s unsigned inventor |                                       |
| Given Name MIROSLAV Family Name TRAJKOVIC or Surname                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                |                    |          | OVIC                |                                       |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                |                    | Date     |                     |                                       |
| STOLBERG                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NY                                   |                | USA                |          |                     | YU                                    |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                                |                | Country            |          |                     | Citizenship                           |
| 5105 TOWNEHOUSE DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                |                    |          |                     | · · · · · · · · · · · · · · · · · · · |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |                    |          |                     |                                       |
| CORAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NEW YORK                             | <              | 11727              |          | USA                 |                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                |                | Zip                |          |                     | Country                               |
| NAME OF SECOND INVENTOR: A                                                                                                                                                                                                                                                                                                                                                                                                                                                | petition has b                       | een file       | d for thi          | is unsi  | igned               | d inventor                            |
| Given Name SRIMIVAS (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                           | ·                                    |                | ily Name<br>urname | e Gl     | JITA                |                                       |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                |                    | Date     | 7                   | Fan. 8th 2004                         |
| EINDHOVEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                | NL                 |          |                     | IN 7                                  |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                                |                | Country            |          | Citizenship         |                                       |
| PENELOPE STRAAT 227                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                |                    |          |                     |                                       |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |                    |          |                     |                                       |
| EINDHOVEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                | 5631               | -        |                     | NETHERLANDS                           |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                                | Zip            |                    |          | Country             |                                       |
| Additional inventors are being named on the                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | I Addition     |                    | r(e) ab- | ot/c) 5             | PTO/SB/02A attached hereto.           |
| On the                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | vappionicilla                        | ·············· | THE STREET         | .,o, one | CUS! F              | - I OJODIUZA BIJACREO REFETO.         |

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## US020626 **DECLARATION**

### **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page <u>1</u> of <u>1</u>

| Name of Additional Joint Inventor, if any: | ☐ A petition has been filed for this unsigned inventor |                       |             |                        |  |  |
|--------------------------------------------|--------------------------------------------------------|-----------------------|-------------|------------------------|--|--|
| Given Name (first and midd                 | le [if any])                                           |                       | Family      | Name or Surname        |  |  |
| VASANTH                                    |                                                        | PHILOMIN              |             |                        |  |  |
| Inventor's<br>Signature                    |                                                        |                       |             | Date                   |  |  |
| Residence: City STOLBERG                   | State                                                  | GERMANY<br>Country    |             | Citizenship            |  |  |
| Malling Address AUF DER HOEHE 9            |                                                        |                       |             |                        |  |  |
| Mailing Address                            |                                                        |                       |             |                        |  |  |
| City STOLBERG                              | State                                                  | 52223<br>ZIP          | Co          | GERMANY<br>untry       |  |  |
| Name of Additional Joint Inventor, if any: |                                                        | ☐ A petition has been | filed for t | this unsigned inventor |  |  |
| Given Name (first and middl                | e [if any])                                            |                       | Family      | ily Name or Surname    |  |  |
|                                            |                                                        |                       |             |                        |  |  |
| Inventor's<br>Signature                    |                                                        |                       |             | Date                   |  |  |
| Residence: City                            | State                                                  | Country               | -           | Citizenship            |  |  |
| Mailing Address                            |                                                        | -                     |             | Citizenship            |  |  |
| Mailing Address                            | · · · · · · · · · · · · · · · · · · ·                  |                       |             |                        |  |  |
| City                                       | State                                                  | Zip                   | Cou         | untry                  |  |  |
| Name of Additional Joint Inventor, if any: |                                                        | ☐ A petition has been |             |                        |  |  |
| Given Name (first and middle               | e [if any])                                            |                       | Family I    | nily Name or Surname   |  |  |
|                                            |                                                        |                       |             |                        |  |  |
| Inventor's<br>Signature                    |                                                        |                       |             | Date                   |  |  |
| Residence: City                            | State                                                  | Country               |             | Citizenship            |  |  |
| Mailing Address                            |                                                        |                       |             |                        |  |  |
| Mailing Address                            |                                                        |                       |             |                        |  |  |
| City                                       | State                                                  | Zip                   | Со          | untry                  |  |  |

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#### US020626 Attorney Docket Number **DECLARATION FOR UTILITY OR** Miroslav Trajkovic et al First Named Inventor **DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** □ Declaration Filing Date Submitted OR Submitted after Initial With Initial Filing (surcharge Group Art Unit Filing (37 CFR 1.16 (e))

**Examiner Name** 

required)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <del>_</del>                                                                                            |                                             |                                        |                                           |                    |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|-------------------------------------------|--------------------|--|--|--|
| As a below named inventor, I hereby declare that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
| My residence, post offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ce address, and citizenship                                                                             | are as stated below next                    | to my name.                            |                                           |                    |  |  |  |
| I believe I am the original, fi<br>are listed below) of the sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | first and sole inventor (if only or<br>ject matter which is claimed an                                  | ne name is listed below) or ar              | original, first and j                  | oint inventor (if plui                    | ral names          |  |  |  |
| are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  LIGHT INVARIANT FACE RECOGNITION                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
| the specification of which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Title of th                                                                                            | he Invention)                               |                                        |                                           |                    |  |  |  |
| is attached hereto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
| was filed on (MM/DD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /YYYY)                                                                                                  | as United States Ap                         | plication Number o                     | r PCT Internationa                        | 1                  |  |  |  |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , and                                                                                                   | was amended on (MM/DD/Y)                    | YYY)                                   | (if                                       | applicable).       |  |  |  |
| I hereby state that I have revie specifically referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ewed and understand the conte                                                                           | ents of the above identified sp             | ecification, includin                  | g the claims as am                        | ended              |  |  |  |
| applications, material infollitati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | close information which is mater<br>tion which became available be<br>continuation-in-part application. | Riween the tiling date of the or            | in 37 CFR 1.56, in ior application and | cluding for continu<br>the national or PC | ation-in-part<br>T |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
| Prior Foreign Application<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Country                                                                                                 | Foreign Filing Date<br>(MM/DD/YYYY) Country | Priority<br>Not Claimed                | Certified Copy                            | Attached?          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | (Min/DD/1111) Country                       | Not Claimed                            | YES                                       | NO                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                             |                                        |                                           |                    |  |  |  |

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#### **DECLARATION** — Utility or Design Patent Application Direct all correspondence to: Customer Number \*24737\* OR Correspondance address below or Bar Code Label Philips Intellectual Property & Standards Name P.O. Box 3001 **Address Briarcliff Manor** NY 10510-8001 City State ZIP U.S.A. (914)332-0222 (914) 332-0615 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **MIROSLAV Family Name TRAJKOVIC** (first and middle [if any]) or Surname Inventor's Date Signature **STOLBERG** NY USA ΥU Residence: City State Country Citizenship 5105 TOWNEHOUSE DRIVE **Mailing Address** CORAM **NEW YORK** 11727 USA City State Zip Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Given Name SRINIVAS Family Name** (first and middle [if any]) or Surname

Inventor's Signature

**EINDHOVEN** 

Residence: City

**Mailing Address EINDHOVEN** 

City

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## US020626 **DECLARATION**

### ADDITIONAL INVENTOR(S) **Supplemental Sheet** Page <u>1</u> of <u>1</u>

| Name of Additional Joint Inventor, if any: |               | ☐ A petition has been filed for this unsigned inventor |                           |         |                      |  |  |
|--------------------------------------------|---------------|--------------------------------------------------------|---------------------------|---------|----------------------|--|--|
| Given Name (first and midd                 | lle lif anvi) |                                                        |                           |         |                      |  |  |
| VASANTH                                    | io (ii aiiy)) | ٦,                                                     | PHILOMIN                  | amily   | Name or Surname      |  |  |
| Inventor's<br>Signature                    |               |                                                        | THEOMA                    |         | Date 01-08-2004      |  |  |
| Residence: City STOLBERG                   | State         | Со                                                     | GERMANY                   | _       | Citizenship          |  |  |
| Mailing Address AUF DER HOEHE              | 9             | _                                                      |                           |         |                      |  |  |
| Mailing Address                            |               |                                                        |                           |         |                      |  |  |
| City STOLBERG                              | State         | ZIP                                                    | 52223                     | Co      | GERMANY              |  |  |
| Name of Additional Joint Inventor, if any: |               |                                                        | A petition has been filed |         |                      |  |  |
| Given Name (first and middle [if any])     |               |                                                        |                           | mily    | mily Name or Surname |  |  |
|                                            |               |                                                        |                           |         |                      |  |  |
| Inventor's<br>Signature                    |               |                                                        |                           |         | Date                 |  |  |
| Residence: City                            | State         | Cou                                                    | ıntry                     |         | Citizenship          |  |  |
| Mailing Address                            | -             |                                                        |                           |         | - Triconsinp         |  |  |
| Mailing Address                            |               |                                                        |                           |         |                      |  |  |
| City                                       | State         | Zip                                                    |                           | Cou     | ıntry                |  |  |
| Name of Additional Joint Inventor, if any: |               |                                                        | A petition has been filed |         |                      |  |  |
| Given Name (first and middle               | e [if any])   |                                                        | Family Name or Sumame     |         |                      |  |  |
|                                            |               |                                                        |                           |         |                      |  |  |
| Inventor's<br>Signature                    |               |                                                        |                           | Date    |                      |  |  |
| Residence: City                            | State         | Cou                                                    | entry                     | $\top$  | Citizenship          |  |  |
| Mailing Address                            |               |                                                        |                           |         |                      |  |  |
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| City                                       | State Zip     |                                                        |                           | Country |                      |  |  |

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